

Item 3: Kent and Medway Stroke Review

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 22 March 2019

Subject: Kent and Medway Stroke Review

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway STP.

It provides additional background information which may prove useful to Members.

1. Introduction

- (1) In Summer 2015 Kent County Council's Health Overview and Scrutiny Committee and Medway Council's Health and Adult Social Care Overview and Scrutiny Committee determined that changes being proposed by the NHS to Hyper Acute and Acute Stroke Services in Kent and Medway amounted to a proposal for a substantial variation to the health service across both areas.
- (2) The Kent and Medway NHS Joint Overview and Scrutiny Committee was therefore convened and met during 2016 and 2017 to consider and comment on the review of Hyper Acute and Acute Stroke Services, the emerging case for change and possible options for a new model of care.
- (3) On 12 December 2017 the Kent and Medway Joint HOSC was formally notified that the Joint Committee of Clinical Commissioning Groups overseeing the Stroke Review (initially comprising of the eight Kent and Medway CCGs) had been expanded to include Bexley CCG and High Weald Lewes Havens CCG as activity modelling had highlighted the extent of external flows of stroke patients to Kent and Medway from Bexley and East Sussex.
- (4) As a consequence of this further analysis the relevant Committees in East Sussex and Bexley were advised of the review and both determined that the emerging proposals to reconfigure stroke services in Kent and Medway constituted a substantial variation to these services for their areas. This generated a statutory requirement to set up a new Joint Health Overview and Scrutiny Committee involving Kent County Council, East Sussex County Council, Medway Council and Bexley Council for the purpose of consultation by the NHS with Overview and Scrutiny on the Stroke Review.
- (5) Prior to the establishment of the new JHOSC and to enable the public consultation to proceed as planned, representatives of Bexley Council's People Overview and Scrutiny Committee and East Sussex County

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Council's Health Overview and Scrutiny Committee were invited to attend and speak at the Kent and Medway NHS Joint Overview and Scrutiny Committee on 22 January as non-voting guests. The Committee met to consider the proposed options and consultation plan for the Kent & Medway Stroke Review.

- (6) The Terms of Reference and membership of the new Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (Stroke JHOSC) were agreed by Bexley Council's People Overview and Scrutiny Committee; East Sussex County Council's Health Overview and Scrutiny Committee; and the full councils of Kent County Council and Medway Council in February and March 2018.
- (7) The Kent & Medway Stroke Review's public consultation ran from 2 February – 20 April 2018.
- (8) The inaugural meeting of the Stroke JHOSC was held on 5 July 2018. The Committee met to consider a post-consultation update which included NHS consultation activity and feedback reports. The Committee agreed the following recommendation:

RESOLVED that:

- (a) *the consultation analysis and activity reports be noted;*
 - (b) *the following comments be referred to the JCCCG:*
 - (i) *the Stroke JHOSC requests that the rehabilitation pathway be implemented at the same time as the HASUs and the JHOSC be presented with the draft pathway at its next meeting;*
 - (ii) *the Stroke JHOSC requests that the JCCCG gives further consideration to, and assurance about, travel times particularly in the Thanet area;*
 - (iii) *the Stroke JHOSC notes that the public consultation was comprehensive and well managed.*
- (9) The JHOSC met on 5 September 2018 to receive an update on the review with the meeting taken in three parts: travel times, evaluation criteria and model for community rehabilitation. The Committee agreed the following recommendation:

RESOLVED that:

- (a) *the updated report be noted*
- (b) *the following comments be referred to the JCCCG:*

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- (i) the Stroke JHOSC requests that the travel times are checked for accuracy prior to their application at the Options Evaluation on 13 September 2018;*
 - (ii) the Stroke JHOSC requests that the JCCCG takes into account population growth and the impact of additional cars on travel times;*
 - (iii) the Stroke JHOSC requests that there be further stakeholder engagement with regards to the proposed model for community rehabilitation.*
- (10) The JHOSC met informally on 22 November 2018 to receive an update from the NHS.
- (11) The JHOSC met on 14 December 2018 to receive the Draft Decision Making Business Case and following discussion the NHS requested that the Final Decision Making Business Case be presented to the Committee prior to the JCCCG Meeting. The Committee agreed the following recommendation:

RESOLVED that the Stroke JHOSC:

 - (a) Considered and commented on the report:*
 - (b) Referred for consideration any relevant comments or representations relating to the information provided by the NHS on the Stroke Review to the Joint Committee of Clinical Commissioning Groups.*
- (12) The JHOSC met on 1 February 2019 to receive the Final Decision-Making Business Case and agreed the following recommendation:

RESOLVED that:

 - (a) The NHS are asked to pass on the comments of the JHOSC to the Joint Committee of Clinical Commissioning Groups (JCCCG) and to report back to the Joint Stroke HOSC and ask that the JCCCG prepare and consider an analysis of how population growth in North Kent, specifically Medway and the Thames Gateway, and East Kent has been taken into account in the proposals, particularly in relation to the number of HASUs being proposed.*
- (13) In line with the Terms of Reference for the JHOSC, a Member requested that the Members that had not supported the recommendation be allowed to agree a minority response.

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(14) A proposal from Councillor Wildey was moved and seconded by Councillor Murray. This was agreed as the minority response:

(a) Proposed that the Joint HOSC should agree to recommend the following to the Joint Committee of CCGs (JCCCGs) on 14 February 2019:

i) The JCCCGs should delay taking a decision to implement Option B, the NHS preferred option, on the basis that it is not in the interests of the health service across Kent and Medway to pursue an option which locates all three HASU's in CCG areas with relatively low levels of deprivation. This is of significant concern in the context of the new NHS Long Term Plan which makes a commitment to a concerted and systematic approach to reducing inequalities with a promise that action on health inequalities will be central to everything the NHS does. There also remain concerns that:

- there are serious issues in relation to the process used to select the preferred option for Kent and Medway which is open to challenge*
- the capacity of the 3 preferred HASU's will be significantly impacted on given the flow of patients from South East London into Darent Valley hospital and*

(b) Secondly,

ii) The Joint HOSC should further recommend that the JCCCGs develop a decision making business case for Option D, which would locate the third HASU at Medway Maritime Hospital which serves one of the most deprived CCG areas in Kent and Medway (see Figure 3 on page 16 of the decision making business case) recognising that there is now a prospect of the HASU which serves the population of East Kent being located at Kent and Canterbury hospital (see page 142 of the final decision making business case for Option B).

(15) On 14 February 2019 the JCCCGs met and unanimously agreed to implement Option B, the NHS preferred option.

(16) On 26 February 2019 the JHOSC met to consider the decision of the JCCCG and agreed the following recommendation:

RESOLVED that:

This committee recommends that the relevant committees of the partaking authorities support the decision of the Joint Committee of CCGs subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it.

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2. Further information

- (1) The NHS stroke consultation website is at:
<https://kentandmedway.nhs.uk/stroke/>; and

The Decision Making Business Case with appendices is at:
<https://kentandmedway.nhs.uk/stroke/dmbc/>.

3. Next Steps

- (1) The Terms of Reference of the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee required it to consider whether the decision of the JCCCG on 14 February 2019 should be referred to the Secretary of State. The decision of this Committee is set out above (1.16).
- (2) This course of action is recommended by the Joint HOSC to the Kent HOSC and the relevant Committees of Bexley, East Sussex and Medway Council. As the power of referral was not delegated to the Joint HOSC, the Kent HOSC is able to determine its response to this recommendation.
- (3) As set out in the Protocol for the Health Overview and Scrutiny Committee in the KCC Constitution, a substantial variation of service may only be referred to the Secretary of State for Health where one of the following applies:
- a. The consultation with the HOSC on the proposal is deemed to have been inadequate in relation to content or time allowed;
 - b. The reasons given for not consulting with the HOSC on a proposal are inadequate; or
 - c. The proposal is not considered to be in the interests of the health service of the area.
- (4) If the HOSC did not feel that any of these applied to the matter under discussion, it would not be able to make a legitimate referral. It would still be able to monitor the implementation of the service and make comments and recommendations directly to the relevant NHS organisations at any time.
- (5) If the HOSC did feel that one of these applied, it would not be able to make a final determination at this meeting. The Protocol sets out that the proposer of the substantial variation of service shall be informed of the date on which the HOSC intends to make a determination on referring an issue to the Secretary of State for Health. In addition, full Council is to be kept informed of the HOSC's intention to determine whether to refer an issue to the Secretary of State for Health. Where practicable, full Council will be given the opportunity to comment on the

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HOSC's intention to refer and the HOSC shall consider these comments before making a final determination.

- (6) Any referral to the Secretary of State must contain the following:
- a. An explanation of the proposal which is the subject of the referral.
 - b. An explanation of the reasons for making the referral.
 - c. Evidence in support of these reasons.
 - d. In the case of referring on the grounds of 3(a) or (b) the reasons why the consultation was not adequate, or the reasons for not consulting were adequate.
 - e. Where 6(c) applies, a summary of the evidence considered must be given, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
 - f. An explanation of any steps that the HOSC has taken to try to reach agreement with the relevant NHS body.
 - g. Evidence that the HOSC has complied with all the relevant regulations relating to the referral.
- (7) Prior to making any referral to the Secretary of State, the Committee would need to be assured that all the above could be supplied.
- (8) Because of the need to inform the NHS of the date on which the HOSC will make a final decision as to whether to exercise the referral power and the need to evidence any steps taken to try to reach agreement with the NHS prior to this, the decision to make a referral could not be made at this meeting.
- (9) A decision to support the JCCCG decision, or support with qualifications and/or comments could be made at this meeting.

4. Recommendation

The Committee is asked to consider the decision of the JCCCG on 14 February 2019 and take one of the following actions:

- (a) Endorse the recommendation of the JHOSC and support the decision of the JCCCG subject to the NHS making an undertaking to review the provision of acute and hyper acute services should demographic changes require it;
- (b) Support the decision of the JCCCG and make any additional comments the Committee deems appropriate; or

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(c) Specify concerns that the Committee has with the decision of the JCCCGs and invite the NHS to a future meeting of the Committee where their response to these concerns will be considered ahead of a final determination by the Committee as to whether or not to refer the decision of the JCCCG to the Secretary of State for one of the reasons set out in 3.3(a-c).

Background Documents

Kent County Council (2015) '*Health Overview and Scrutiny Committee (17/07/2015)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4>

Kent County Council (2015) '*Health Overview and Scrutiny Committee (04/09/2015)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=32939>

Medway Council (2015) '*Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)*', <http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (28/11/2016)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=42592>

Bexley Council (2017) '*People Overview and Scrutiny Committee (29/11/2017)*', <http://democracy.bexley.gov.uk/mgAi.aspx?ID=31671>

Kent County Council (2017) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/12/2017)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=46699>

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Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (22/01/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MIId=7997&Ver=4>

Medway Council (2018) '*Council (22/02/2018)*'
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=122&MIId=3775>

Kent County Council (2018) '*Council (15/03/2018)*'
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MIId=7573&Ver=4>

East Sussex County Council (2018) '*Health Overview and Scrutiny Committee (29/03/2018)*',
<https://democracy.eastsussex.gov.uk/ieListDocuments.aspx?CId=154&MIId=3156&Ver=4>

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/07/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MIId=8095&Ver=4>

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (05/09/18)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MIId=8117&Ver=4>

Kent County Council (2018) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (14/12/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MIId=8299&Ver=4>

Kent County Council (2019) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (01/02/2019)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MIId=8356&Ver=4>

Kent County Council (2019) '*Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee (26/02/2019)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=909&MIId=8365&Ver=4>

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